**Contractor Name:** 

**DUNS Number:** 

## This progress report must accompany each invoice to receive payment.

Name	Customer First Name	Customer Date of Birth	Customer Phone Number	1st Day of Employment	Job Title	Employer Name	Employer Street Address	Employer City, State	Hourly Wage	Number of Hours/Week	Outcome (Success/Not Successful	If Not Successful, why?	If Not Successful, date referred back to DVR
(SAMPLE)												Additional VR services	
Kristofferson	Kris	1/2/1965	360-444-4444	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Not Successful	needed	10/2/2009
(SAMPLE) Sutherland	Keith	7/5/1970	360-555-555	10/1/2009	Accountant	Office of the Governor	6565 Little Rock Road	Olympia, WA	\$18.00	40	Successful	N/A	N/A